



DECLARATION OF CANDIDACY FOR PRIMARY NOMINATION IN 2022

(CAN-2)

State Form 46439 (R20 / 8-21)
Indiana Election Division (IC 3-8-2-7)

INSTRUCTIONS: This form is used by an individual who is seeking the Democratic or Republican party nomination to an elected office in a primary election. A declaration of candidacy must be filed not earlier than January 5, 2022 and not later than NOON, February 4, 2022. Please print or type all information on this form except all signatures. **SEE IMPORTANT INFORMATION ON BACK OF FORM.** Candidates seeking the office of U.S. Senator in a primary election also file CAN-4 forms. All candidates seeking a primary nomination for a LOCAL office (other than circuit, probate, or superior court judge, or prosecuting attorney) must also file the CAN-12 form WITH this form.

STATE OF INDIANA

COUNTY OF

HOWARD

GENERAL INFORMATION

I, Lisa Washington, the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct HARRISON B of the Township of Harrison,
(or of Ward, if applicable, _____ of the City or Town of _____,) County of HOWARD,
State of Indiana.

(2) I request that my name be placed on the official primary ballot of the (check one) ☒ Democratic Party or ☐ Republican Party
with which I am affiliated to be voted on at the primary election to be held on May 3, 2022, for the office of

County Commissioner, District #1 (if any).
Name of Office

(3) I am claiming affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last two primary elections in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because: (check one)

☐ The two most recent primary elections in Indiana in which I voted were the primaries held by the party with which I claim affiliation above.

☒ The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)

(4) (This paragraph does not apply to a candidate for federal office.) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office including any applicable residency requirement. I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

RESIDENCY INFORMATION

(5) My complete residence address is:

3156 Woodfield Dr Kokomo, IN (amend if other state) 46902
Complete residence address must be included City ZIP Code

(6) My mailing address is:

Write address if mailing address is different from residence address; write "SAME" if both addresses are identical

_____, IN (amend if other state) _____
Mailing address City ZIP Code

CANDIDATE NAME INFORMATION

I request that my name appear on the primary election ballot in the following manner:

Lisa Washington

(Include any Nickname and/or Suffix, such as Jr., Sr., II, III, IV)

I also request that my name on my voter registration record be the same as the name on this declaration of candidacy. (IC 3-8-2-7(c))

The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, the declaration may be challenged under Indiana Code 3-8-1-2. A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe

PLEASE COMPLETE REVERSE OF FORM

CANDIDATE CERTIFICATION

- (7) (This paragraph does not apply to federal offices.) By initialing, I acknowledge that I have attached a copy of the applicable statement of economic interest statement, file stamped by the office required to receive the statement, or a receipt or photocopy of a receipt showing that this statement of economic interest has been filed. (initial here) JS
- (8) (This paragraph does not apply to a candidate for federal office or state legislative office) By initialing, I acknowledge that I might be required to file a surety bond before serving in office. (initial here) JS
- (9) (This paragraph does not apply for candidates for federal office, state office, or state legislative office.) By initialing, I acknowledge that I might be required to complete training or have attained certification related to service in office. (initial here) JS
- (10) (This paragraph does not apply to a candidate for federal office.) By initialing, I acknowledge that I am aware of the provisions of the Indiana Campaign Finance Act (IC 3-9) regarding campaign finance and the reporting of campaign finance contributions and expenditures and I agree to comply with IC 3-9. (initial here) JS
- (11) I have been a candidate for state, state legislative, or local office in a previous primary, municipal, special, or general election: (check one) ☐ Yes ☒ No If the answer to this question is no, skip paragraph 12 and proceed to paragraph 13.
- (12) I have filed all reports required by IC 3-9-5-10 for all previous candidacies: (check one) ☐ Yes ☐ No
- (13) (This paragraph only applies to a candidate for a local office, including judicial offices and prosecuting attorney, if the local office receives compensation of at least \$5,000 per year, or to a local office if the local office receives compensation of less than \$5,000 but the candidate raises or spends more than \$500.) I have filed a campaign finance statement of organization for my principal candidate's committee with the appropriate county election board OR I am aware that I may be required to file the campaign finance statement of organization not later than noon, seven (7) days after the final date to file this declaration of candidacy. (initial here) JS

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Chris Washington
Signature

01/10/2022 (765) 271-8582
Date Signed (MM/DD/YYYY) Telephone (Day) Telephone (Evening)

OPTIONAL INFORMATION:

Candidate's email: Washington1288@att.net Campaign website: _____

FILED

STATE OF INDIANA
COUNTY OF HOWARD

Subscribed and sworn to before me this 10th day of January, 2022.

Debbie Stewart
Notary Public or Other Official Administering Oath according to IC 33-42-9-7

SEAL
DEBBIE STEWART
Clerk Howard County

My Commission expires (applies only to Notary Public): 12-31-22 County of Residence: HOWARD

CAMPAIGN FINANCE NOTICE

- A candidate's committee must file a pre-primary campaign finance report no later than **NOON, April 18, 2022**, with the Indiana Election Division (if a candidate for a state legislative office) or with the appropriate county election board (if a candidate for a local office nominated in the primary).
- The candidate's committee must also file a pre-primary supplemental report no later than forty-eight (48) hours after the committee receives any contribution of \$1,000 or more during the period beginning **April 9, 2022 and ending at 6:00 a.m. on May 1, 2022**, with the Indiana Election Division or appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.
- A candidate's committee must file a pre-election campaign finance report no later than **NOON, October 21, 2022**, with the Indiana Election Division (if a candidate for a state legislative office) or with the appropriate county election board (if a candidate for a local office).
- The candidate's committee must also file a pre-election supplemental report no later than forty-eight (48) hours after the committee receives any contribution of \$1,000 or more during the period beginning **October 15, 2022 and ending at 6:00 a.m. November 6, 2022**, with the Indiana Election Division or appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.
- A person who fails to file a report with the Indiana Election Division or a county election board is subject to a civil penalty of \$50 for each day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the Election Division or county election board. **NOTE: State legislative candidates are required to file electronically with the Election Division.**

NOTE TO CANDIDATES FOR STATEWIDE OFFICE:

A candidate's committee must file "quarterly" campaign finance reports with the Indiana Election Division (IED), according to the following schedule. These filings must be made electronically and are subject to the same civil penalties set forth in the Campaign Finance Notice above. Contact the Campaign Finance Division of IED for more information.

The committee must file quarterly reports no later than noon, Indianapolis time:

- (1) April 18, 2022, covering the period from January 1, 2022 through March 31, 2022.
- (2) July 15, 2022, covering the period from April 1, 2022 through June 30, 2022.
- (3) October 17, 2022, covering the period from July 1, 2022 through September 30, 2022.
- (4) November 1, 2022, covering the period from October 1, 2022 through October 24, 2022.
- (5) January 18, 2023, covering the period from October 25, 2022 through December 31, 2022.

The candidate's committee must also file supplemental reports with the Indiana Election Division no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the reporting periods listed below. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

- (1) Supplemental Reporting Period: April 1, 2022, through NOON, April 18, 2022.
- (2) Supplemental Reporting Period: July 1, 2022, through NOON, July 15, 2022.
- (3) Supplemental Reporting Period: October 1, 2022, through NOON, October 17, 2022.
- (4) Supplemental Reporting Period: October 25, 2022, through NOON, November 1, 2022.



**STATEMENT OF ECONOMIC INTERESTS
FOR LOCAL AND SCHOOL BOARD OFFICES**

State Form 55128 (R / 8-19)
Indiana Election Division (IC 3-8-9)

(CAN-12)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA

COUNTY OF

HOWARD

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:

2021

NOTE: Insert "Not Applicable" where appropriate.

I, Lisa Washington the undersigned, certify the following:
Name of Candidate or Person Filling Vacant Office

- (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is
County Commissioner District 1. (Include district, if applicable.)
- (2) The name of my spouse was Lance N. Washington.
- (3) The name of my employer and the nature of its business was
Indiana Minority Health Coalition - Non-Profit Health.
- (4) The name of the employer of my spouse and the nature of its business was
Community Howard Regional - Healthcare.
- (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
N/A.
- (6) If I operated a professional practice, the name of the professional practice and the nature of its business was
N/A.
- (7) If I was a member of a partnership, the name of the partnership and the nature of its business was
N/A.
- (8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was
Internal Medicine Physicians.
- (9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was
N/A.
- (10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was
Internal Medicine Physicians - Healthcare.
- (11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was
N/A.
- (12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was
Internal Medicine Physicians Healthcare.

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 10 day of January, 2022

Lisa Washington

Signature

Lisa Washington

Printed Name

STATE OF INDIANA)

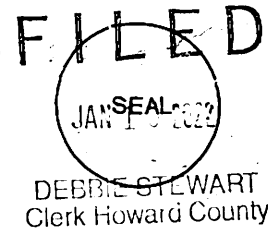
COUNTY OF HOWARD)

Subscribed and affirmed to before me this 10 day of January, 2022

Debbie Stewart
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-31-2023

County of Residence: HOWARD



HOWARD COUNTY ELECTION BOARD

Debbie Stewart, Clerk
Phil Thurston, Board Member
Derick Steele, Board Member
104 N Buckeye Street Room 202
Kokomo IN 46901
Phone: 765-456-2000
Fax: 765-456-2267

February 18, 2022

Lisa Washington
3156 Woodfield Drive
Kokomo IN 46902

Dear Lisa:

This letter is to notify you that the County Election Board has administratively opened a candidate committee for your declaration of Candidacy for the office of Howard County Commissioner District 1.

Per Indiana Election Administrator's Manual, the candidate running for an office paying more than \$5,000 must file a (CFA-1) by noon ten (10) days after the committee receives more than \$100 in contributions or makes more than \$100 in expenditures, or noon seven (7) days after the candidate filing deadline, whichever occurs first. Should the candidate running for an office paying at least a \$5,000 salary fail to open a campaign finance committee, the county election board must administratively open a candidate committee naming the candidate the chair and treasurer of the committee. A candidate's committee opened by administrative action is still subject to the campaign finance deadlines.

Please find enclosed a copy of the CFA-1.

Sincerely,

Howard County Election Board

**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE****(CFA-1)**

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**FILE NUMBER****1. IS THIS AN AMENDMENT?** ☐ Yes ☒ No *If Yes, please enter the file number in this box. →***SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name WASHINGTON		First Name LISA		Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) 3156 WOODFIELD DRIVE				5. FAX (Optional) ()		6. E-mail Address (Optional) washingtonl288@att.net
7. City KOKOMO	State IN	ZIP Code 46902	8. County HOWARD	9. Telephone (Day) (765) 271-8082		10. Telephone (Evening) ()
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) HOWARD COUNTY COMMISSIONER DISTRICT #1		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT LISA WASHINGTON						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3156 WOODFIELD DRIVE				15. FAX (Optional) ()		16. E-mail Address (Optional) washingtonl288@att.net
17. City KOKOMO	State IN	ZIP Code 46902	18. County HOWARD	19. Telephone (765) 271-8082		20. Committee Organization Date (mm/dd/yy) 2/18/22
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City	State	ZIP Code	26. County	27. Telephone (Day) ()		28. Telephone (Evening) ()
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer		Signature of the Committee Chairperson	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City	State	ZIP Code	38. County	39. Telephone (Day) ()		40. Telephone (Evening) ()

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson	Signature of Chairperson	Date (mm/dd/yy)
43. Typed or Printed Name of Candidate	Signature of Candidate	Date (mm/dd/yy)

FOR OFFICE USE ONLY**Warning:** State law requires that any change in this information be reported **within ten (10) days** of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

FILED
(CFA-1)

MAR 23 2022

DEBBIE STEWART
Court

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ Yes ☐ No If Yes, please enter the file number in this box. →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Washington		First Name Lisa		Middle Name	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee			
4. Mailing Address (number and street, city, state, and ZIP code) 3156 Woodfield Dr. Kokomo, IN 46902						5. FAX (Optional) ()		6. E-mail Address (Optional) Washington1288@att.net	
7. City Kokomo		State IN	ZIP Code 46901	8. County Howard		9. Telephone (Day) (765) 271-8082		10. Telephone (Evening) ()	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.)					

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Elect Lisa Washington for County Commissioner									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3156 Woodfield Dr Kokomo, IN 46902						15. FAX (Optional) ()		16. E-mail Address (Optional) Washington1288@att.net	
17. City Kokomo		State IN	ZIP Code 46902	18. County Howard		19. Telephone (765) 271-8082		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Lisa Washington									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3156 Woodfield Dr. Kokomo, IN 46902						23. FAX (Optional) ()		24. E-mail Address (Optional) Washington1288@att.net	
25. City Kokomo		State IN	ZIP Code 46902	26. County Howard		27. Telephone (Day) (765) 271-8082		28. Telephone (Evening) ()	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Edward Foster				Signature of the Committee Chairperson					
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3404 Covey Ln.						35. FAX (Optional) ()		36. E-mail Address (Optional) Edfoster68@yahoo.com	
37. City Kokomo		State IN	ZIP Code 46902	38. County Howard		39. Telephone (Day) (765) 432-3417		40. Telephone (Evening) ()	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Lisa Washington	Signature of Chairperson <i>Lisa Washington</i>	Date (mm/dd/yy) 3/21/22
43. Typed or Printed Name of Candidate Lisa Washington	Signature of Candidate <i>Lisa Washington</i>	Date (mm/dd/yy) 3/21/22

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

MAR 23 2022

DEBBIE STEWART
Clerk Howard Cir. Court